## BEST AVAILABLE COPY

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

CA920000401131

| CLAIMS AS FILED - PA<br>(Column 1)             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               | (Colu                        |                                       | SMALL ENTITY TYPE |              |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------|------------------------------|---------------------------------------|-------------------|--------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                   |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 44                                           |                               |                              |                                       | RA                |              | FEE                    | <b>1</b>                   | RATE                | FEE                    |
| FOR                                            |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NUMBER FILED                                 |                               | NUMBER EXTRA                 |                                       | BASI              |              |                        | OR                         | BASIC FEE           |                        |
| TOTAL CHARGEABLE CLAIMS                        |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>う</b> 少 minus 20=                         |                               | · 3d                         |                                       | X\$               | 9=           |                        | OR                         | X\$18=              | 576                    |
| INDEPENDENT CLAIMS                             |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | minus 3 =                                    |                               | * *                          |                                       | X4                | 2=           |                        | OR                         | X84=                | X                      |
| MU                                             | LTIPLE DEPEN                                                                          | RESENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ESENT                                        |                               |                              |                                       | 0=                |              | OR                     | +280=                      | 280                 |                        |
| * If                                           | the difference                                                                        | in column 1 is                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | less than ze                                 | ero, ente                     | r "0" in column 2            |                                       | TO                | AL           |                        | OR                         | TOTAL               | 1596                   |
| CLAIMS AS AMENDED - PART II                    |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       |                   |              |                        |                            | OTHER               | THAN                   |
|                                                |                                                                                       | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | (Colum                        |                              | (Column 3)                            | SM                | SMALL ENTITY |                        | OR SMALL                   |                     | ENTITY                 |
| AMENDMENT A                                    |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                              | NUM<br>PREVIO<br>PAID         | BER<br>OUSLY                 | PRESENT<br>EXTRA                      | RA                | ΓE           | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                 | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                        | **                            |                              | =                                     | X\$               | 9=           |                        | OR                         | X\$18=              |                        |
|                                                | Independent                                                                           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus ***                                    |                               | F OL AIRA                    | =                                     | X4:               | 2=           |                        | OR                         | X84=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       |                   | 0=.          |                        | OR                         | +280=               |                        |
|                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       |                   | OTAL         |                        |                            | TOTAL<br>ADDIT. FEE | 1                      |
|                                                |                                                                                       | (Column 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                              | (Colui                        | mn 2)                        | (Column 3)                            | ADDIT.            | reel         |                        | '                          | ADDII. FEE          |                        |
| AMENDMENT B                                    |                                                                                       | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | भूत्रः जी <del>त्रेष्</del> रेत्रेत्र        | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>OUSLY         | PRESENT<br>EXTRA                      | RA <sup>*</sup>   | ΓE           | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADD!-<br>TIONAL<br>FEE |
| NDM                                            | Total                                                                                 | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                        | **                            |                              | =                                     | X\$               | 9=           | - <del></del>          | OR                         | X\$18=              |                        |
| AME                                            | Independent                                                                           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                        | ***                           |                              | =                                     | X4:               | 2=           |                        | OR                         | X84=                |                        |
| L                                              | FIRST PRESE                                                                           | NTATION OF MU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | JETIPLE DEF                                  | PENDEN                        | CLAIM                        |                                       | +14               | 0=           |                        | OR                         | +280=               |                        |
|                                                |                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       | L                 | DTAL         |                        |                            | TOTAL               |                        |
|                                                | (Column 1) (Column 2) (Column 3)                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       |                   | FEE!         |                        | Į O · ·                    | ADDIT. FEE          |                        |
| , I                                            |                                                                                       | (Column 1)<br>CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                              |                               | mn 2)<br>IEST                | (Column 3)                            | _                 |              |                        |                            |                     |                        |
| AMENDMENT C.                                   |                                                                                       | REMAINING<br>AFTER<br>AMENDMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              | PREVI                         | IBER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA                      | RA'               | ΓE           | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                | Total                                                                                 | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                        | **                            |                              | =                                     | X\$               | 9=           |                        | OR                         | X\$18=              |                        |
|                                                | Independent                                                                           | *                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Minus                                        | ***                           |                              | =                                     | X4:               | 2=           |                        | OR                         | X84=                |                        |
| Ľ                                              | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       | I                 |              |                        | Un                         |                     |                        |
| *                                              | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                              |                               |                              |                                       |                   |              |                        | OR                         | +280=               |                        |
| **                                             | If the "Highest Nu<br>If the "Highest Nu                                              | Imber Previously Particular of the Previously Particular Previously Previousl | aid For <sup>*</sup> IN TH<br>aid For" IN TH | IS SPACE                      | is less that<br>is less that | in 20, enter "20.<br>an 3, enter "3." | ADDIT.            |              | oronriate ho           |                            | TOTAL<br>ADDIT. FEE |                        |